PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/597,208			ing Date 16/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A		]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A		]	N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A		]	N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 = *				x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE is	neets of pap \$250 (\$125 dditional 50	igs exceed 100 on size fee due for each in thereof, See CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))						]			]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	11/24/2008	CLAIMS REMAINING AFTER AMENDME		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 6	Minus	<b></b> 20	= 0	]	X \$26 =	0	OR	x s =		
ΙŻ	Independent (37 CFR 1.16(h))	• 1	Minus	<b></b> 3	= 0	]	X \$110 =	0	OR	x s =		
Ĭ	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAININ AFTER AMENDMEI	-	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))		Minus		-	]	x \$ =		OR	x s =		
Σ	Independent (37 CFR 1.16(h))	*	Minus	***	:	]	x \$ =		OR	x \$ =		
Ш	Application Size Fee (37 CFR 1.16(s))					]			]			
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** II *** The	"If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20".  "If the											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USF) process) an application. Confidentiality is ownered by \$8 USF. 1.28 and \$3 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Child refinemation Office. U.S. Patents and Trademark Office, U.S. Department of Commons, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2213-1450.